



## UST Inspection Response Form

**Inspector:** Complete this form and leave it with owner/operator after the inspection or send it to the owner/operator by email or USPS.

**Owner/Operator:** This form ensures the UST compliance inspector that the violations/deficiencies discovered during the compliance inspection have been completed and documented in the time allowed. Return this form to the inspector by the due date. Do not delay, as scheduling an UST professional may take longer than the time allowed. If there is a scheduling problem, contact the compliance inspector as soon as possible.

| Facility Information |               |
|----------------------|---------------|
| Facility Name:       | Registration: |
| Address:             | City/Zip:     |
| Phone:               | Email:        |

| Inspector Information |                 |
|-----------------------|-----------------|
| Inspector's Name:     | Date:           |
| Address:              | City/State/Zip: |
| Phone:                | Email:          |

| Violation/Deficiency Information   |   |
|--|---|
| Violation/Deficiency to be Resolved:   |   |
| Due Date:  | Completed Date:                         |
| Corrected by: <input type="checkbox"/> Owner/Operator<br><input type="checkbox"/> UST Professional | Print name/company that made correction |
| Signature of Owner/Operator  | Signature of Iowa UST Professional      |

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